U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5979	2. Fiscal Year Covered From:	
	/ Through://	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name PARICK M GALLAGNER	Name	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street	Street	
City	City (	
State ZIP Code + 4	State ZIP Code + 4	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Emcone/Hayes Mechanical	LABON/MANAGEMENT TRIPANTICE CONF.	
Trade Name, if any:	LABON/MANAGEMENT TRIPANTINE CONF. Divven. ATTENDED by UTNITY OWNERS, LABON AND CONTRACTORS.	
P.O. Box, Bldg., Room No., if any	OCT. 2004	
Street of 11 of 11 of 11	7.b. Amount.	
Street 2160 NONTH ASHLAND	Encodes extractifica esperance encitar as escavos encitar en escavo en e	
City Chicagganian	75.00	
State IL ZIP Code + 4 (ao(a) 4		
Signature Pakil M Staller		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the	
Signed Patch M Malsh	On <u>B-11-2004</u> Date Telephone Number	

Name of Person Filing PATNICK M GALLAGHER	File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PRESCIPTION SOLUTIONS.		
Trade Name, if any:	a. Labor Organization  X b. Trust	••
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 3515 HABBOB BLVD	o. Employo.	
City COSTA MESA		
State CA ZIP Code + 4 22626		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	edia allaman va va pala disanta da primina di beny vanidati di nektheritika grafe (
Name Boiler MAKERS NATIONAL FUNDS	Provider of Presciption	
Trade Name, if any:	FOR TAST-HAULEY PLANS	
P.O. Box, Bldg., Room No., if any		
Street 7.54 MINNESOTA NVC	11.b. Approximate dollar value of such dealing.	- O-
City KANSAS CITY	12.a. Nature of interest held or income received.	English da a La Arabana in duan ya masa masa masa ka da masa ka ka
State	DINNER MEETING TO	Discussing
	TO REDUCE COSTS TO PLAN APRIL TTA 200	
	12.b. Amount.	# 70,00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	ula di salah s	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a	` ,	
(2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	ctively seeking to represent, or ndirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BOBECO INVESTMENT MANAGEMEN		
Trade Name, if any:	a. Labor Organization  b. Trust	••
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 28 STATE STREET	Salama S. Employe.	
City Boston		
State MA ZIP Code + 4 02 10 9		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name BOILERMAKERS NATIONAL FUNDS		HARTZEY FENSION
Trade Name, if any:	Peans	
P.O. Box, Bldg., Room No., if any		
Street 754 MinNesoTA AVE	11.b. Approximate dollar value of such dealing	g. <u>- 0 - 1</u>
City KANSAS CITY	12.a. Nature of interest held or income reco	THE STATE OF THE PROPERTY OF T
State 16.6.101	They SAW MY BOILERM ASKED ME TO JOIN THEM	n HOR DIWATER
	I TOLD THEM I WAS TRUSTER AND NOT ON I	A HEALTH ; WELVARE. Jension OB ANNWITY.
	NOV 10 th 200	
	12.b. Amount	# 80,00
		- COLO
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		Part of the second seco
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

Name of Person Filing PATINIX M. GALLAGHER.		File Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Boiler Makers National High Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 754 MINNESOTA AVE  City HAUSAS CITY  State HS	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		ng. Penith Care Bewefits Iken Participants
City  State  ZIP Code + 4	MEETING TO WORKED FOR CAR, AINLIN	or income received.  POST FOR SPECIAL  GO TO HOURS POUSHAS  FOOD, ROOM, RENTAL  TENTIFE TICKET
C. Received from any employer (other than an employer covered under	12.b. Amount. r parts A and B above)	-8 <sup>th</sup> 2004 9 732.00
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.  14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing PATRICK MI GALLAGHER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name **DOILEAMAKELS NATIONAL FUNDS**  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street **7.5 9 MINNES OTA AVE  City **LANSAS CITY**  State **K.5**  ZIP Code + 4 **G6/10/	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  Phovides Funds such as the w, Pension & Amuity to Boiennaker.  Panticipants  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement of Expenses for Compensation Committee Oct 10th 11th For hoom, Food, Airline Ticket
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	14.a. Nature of payment.
State ZIP Code + 4	

Name of Person Filing PATRICK MI GALLAGHEN		File Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).  Name FCT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 442 West 458 Street  City Kawsas City  State MS  ZIP Code + 4 Co 4/1/2	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Gollehmakens National Hawkins  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Participation of the Committee of the Co	TS The ASSETTS OF THERS HIWFUND
Street 7.54 MINNESOTA HVC	11.b. Approximate dollar value of such dealing. A 145,000,000	
City KANSASCITY	12.a. Nature of interest held or income received.	
State KS ZIP Code + 4 Colo / O	Duffel BAG Service To- PATGALLAGHE	10 Commementive for 30 years of The Fund (9/20/04) or 100.00 ha 35.00 - wife
	12.b. Amount.	\$ 135.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		The state of the s
P.O. Box, Bldg., Room No., if any		
Street		
The grade application are service or make the property of the		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing PATRICK M. GALLAGHER	File Number <b>U-</b>	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name BOILERMAKERS NATIONAL HIGH FUND	, i	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 754 minnesota AVE		
City Hausas Cuty		
State K.5 ZIP Code + 4 66/01		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PROVIDE HEALTH CARE	
Trade Name, if any:	FOR Boilermaker Fr	PARTICIPANTS
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	145,000,000
City	12.a. Nature of interest held or income received.	The property of the second
State ZIP Code + 4	Beimbursenent FOR	FULL
	BOARD MEETING EXPERSENT FOR ROCKER, FOOD, AIRLING	MSES SOM ROJAL
	CAR, FOOD, AIRLINE	TICKET
	12.b. Amount.	1,416.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		The second secon
Trade Name, if any:		The second secon
P.O. Box, Bldg., Room No., if any		Since the Court of
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Pathick M. GALLAGHER		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Boilermakers NATIONAL How Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 754 Minnesotta AVE  City Kansas City  State KS ZIP Code + 4 66/01	9. Business deals with:  2. a. Labor Organiza  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	FOR Boilern  11.b. Approximate dollar valu  12.a. Nature of interest held  Reinbursement  Expenses, in  Food	MITHORNE BENEFITS  MAKER PARTICIPANTS  THE of such dealing.
	12.b. Amount.	\$990.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
<b>1</b>		

Name of Person Filing PATRICK M GALLAGHER	:	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Boilermakens psyriowae Hyw Funo.  Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 754 MINNESOTA AVC	c. Employer	
City KANSAS CUTY		
State K.5 ZIP Code + 4 666101		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	
Name	Provide,	HEALTHCARE BENEFITS
Trade Name, if any:	FOR BORE	amaken ParticipaNTS
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing. 145,000,000
City	12.a. Nature of interest hele	
State ZIP Code + 4	LEGATTHE DA	ent FOR EXPENSES eschiption DRUG-Sub- . Room, AIR FARE, FOOL 1-9th 2004
	12.b. Amount.	4875,00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing PATRICK M. GALLAGHER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boccomakors NATIONAL Haw Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 7.54 MINNES OTA AVC.  City HANSAS CITY  State KS ZIP Code + 4 66101	9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  PROVIDE HEARTHCARE BENEFITS  FOR BOILERMAKER PARTICIPANTS
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement For Full Borns  Meeting Expenses MAR 14 - 17  LOOY FOR ROOM, RENTAL CAR,  FOOD, AIRLING TICKET.
	12.b. Amount. 4040
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	14.a. Nature of payment.
City  State  ZIP Code + 4  13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.

Name of Person Filing PATRICK M. GALLAGHER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly or i	ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boiles Makes S NATIONAL Haw Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 754 Minwes of Ave  City Kansas City  State KS ZIP Code + 4 66/0/	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDE HEALTH CARE FOR
Trade Name, if any:	Boiler MAKER PARTICIPANTS
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 145, 000, 000
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursement for Administrative meeting Expenses Jan. 17-19,2004 FOR ROOM, RENTAL CAR, FOOD, AIRLINE TICKET.
	12.b. Amount. 12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing PATRICK M. GALLAGHER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name GLABAP  Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street 566 WEST 95th STREET	c. Employer	
City         OAKLAWN           State         IL           ZIP Code + 4         60 45.3		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Boilermaker apprentice Training	
Trade Name, if any:	FOR THE GREAT LAKES AREA	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. # 1, 900, 000	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	REIMBURSEMENT FOR FULL	
	BOARD TRUSTER EXPENSES 6/16/2004	
	FOOD, AIRFARE, AIRPORT TRANSPORT.	
	12.b. Amount. 4394.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City  west (distributed to protect the control of t		
State ZIP Code + 4		

14.b. Amount of payment.

?

or Consultant

13.b. Is the Business an Employer

Name of Person Filing

PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name GLABAP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 566 WEST 95th STREET  City OAKLAWN  State IL ZIP Code + 4 60453	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Boiler MAKER Apprentice	
Trade Name, if any:	FOR The GREATLAKES	; AREA
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	1,900,000
City	12.a. Nature of interest held or income received.	in the first of the Control of the C
State ZIP Code + 4	REIMBURSEMENT FOR BOARD TRUSTEE E. 12/14/04 AIRFARE, FOOD, TRASP	ixpenses
	12.b. Amount.	396.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	